

# PRIORITY MAIL EXPRESS®

## FLAT RATE ENVELOPE

ONE RATE ■ ANY WEIGHT

To schedule free Package Pickup,  
scan the QR code.

USPS.COM/PICKUP



PS1000100006

EP13F July 2022  
OD: 12 1/2 x 9 1/2

PRESS FIRMLY TO SEAL



PRESS FIRMLY TO SEAL

Retail



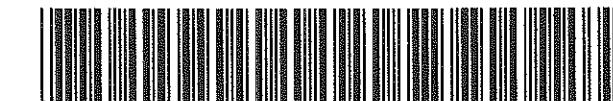
RDC 07

U.S. POSTAGE PAID  
PME 2-Day  
MILES CITY, MT 59301  
AUG 28, 2023  
FDO.TD  
R2305H128524-5



RDC 07

R2305H128524-5



EJ 855 695 715 US

UNITED STATES POSTAL SERVICE®		PRIORITY MAIL EXPRESS®	
CUSTOMER USE ONLY			
FROM: (PLEASE PRINT)		PHONE (734) 735 6531	
Alexander R. Glasgow 205 palmer ln. Bryan, OH 43506			
DELIVERY OPTIONS (Customer Use Only)			
<input checked="" type="checkbox"/> SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery. <input type="checkbox"/> No Saturday Delivery (delivered next business day) <input type="checkbox"/> Sunday/Holiday Delivery Required (additional fee, where available)* *Refer to USPS.com® or local Post Office® for availability.			
TO: (PLEASE PRINT)		PHONE (419) 313-5500	
United States Northern district of Ohio court Sandy Opachich, clerk of court 1716 Spielbush Ave Toledo, OH		Sunday/Holiday Premium Fee	
ZIP + 4® (U.S. ADDRESSES ONLY)		Total Postage & Fees	
4 3 6 0 4 -		2875	
For pickup or USPS Tracking®, visit USPS.com or call 800-222-1811. \$100.00 insurance included.			
PEEL FROM THIS CORNER			

ORIGIN (POSTAL SERVICE USE ONLY)		
<input type="checkbox"/> 1-Day	<input checked="" type="checkbox"/> 2-Day	<input type="checkbox"/> Military
<input type="checkbox"/> DPO		
PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage
59301	8/30/23	\$ 2875
Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Insurance Fee
8/28/23	6:00 PM open till 5pm	\$
Time Accepted	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	COD Fee
		\$
Special Handling/Fragile		Return Receipt Fee
\$		\$
Weight lbs. oz.	Acceptance Employee Initials	Live Animal Transportation Fee
	AC	\$
DELIVERY (POSTAL SERVICE USE ONLY)		
Delivery Attempt (MM/DD/YY)	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt (MM/DD/YY)	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

LABEL 11-B, MAY 2021 FSN 7690-02-000-9996

